

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19435

FILED JUN 1 - 1953

State File No.

BIRTH NO. ... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4737**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1228 Sells Ave		e. STREET ADDRESS (If rural, give location) 1228 Sells Ave.			
3. NAME OF DECEASED (Type or Print) William A. Grafeman.		a. (First) William A.		b. (Middle) 50	
c. (Last) Grafeman.		4. DATE OF DEATH (Month) (Day) (Year) May 7 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 21, 1884	9. AGE (In years last birthday) 68	10. IF UNDER 1 YEAR (Days) 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Dairy Buissness		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
13a. FATHER'S NAME Henry Grafeman		13b. MOTHER'S MAIDEN NAME Minnie Luettger.		14. NAME OF HUSBAND OR WIFE Julia Grafeman.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Julia Grafeman ADDRESS 1228 Sells Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 hr. 2 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from 11-13, 1951 , to 5-7, 1953 , that I last saw the deceased alive on 5-7, 1953 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS 832 1/2 Broadway		23c. DATE SIGNED 5-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/11/53		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County MO.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Buchholz-Koeller 5967 W. Florissant			
DATE REC'D BY LOCAL REG. MAY 11 1953		REGISTRAR'S SIGNATURE [Signature]			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. Alfred K. Buckner*

Licensed Embalmer No. *45*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.